

Mississippi Workers' Compensation Commission

1428 Lakeland Drive / Post Office Box 5300

Jackson, Mississippi 39296-5300

601-987-4217

<http://www.mwcc.ms.gov>

Mark S. Formby, Chairman
Beth Harkins, Commissioner
Mark Henry, Commissioner

Shakira Hargon, Pre-Hearing Supervisor

MARCH 11, 2022

TO: FEDEX
440 HWY 49 SOUTH
RICHLAND, MS 39218-0000

RE: MWCC NO.: 2201473-R-5770-C
CLAIMANT: DMONTERRIO GIBSON
EMPLOYER: FEDEX
CARRIER: FEDERAL EXPRESS CORPORATION

DATE PETITION TO CONTROVERT FILED: 03/11/2022
DATE ANSWER IS DUE: 04/03/2022
ADMINISTRATIVE JUDGE ASSIGNED: Deneise Turner Lott

ANSWER TO PETITION TO CONTROVERT REQUIRED

Claimant has filed a Petition to Controvert indicating a dispute has arisen in this workers' compensation claim. Pursuant to Commission Procedural Rule 4, the Employer/Carrier must file an Answer, MWCC Form B-5,22, with the Commission within twenty-three (23) days of the date of this letter.

Immediately notify counsel for the Employer, Carrier or Third Party Administrator to prepare the answer. Employer/Carrier's failure to timely file an Answer without good cause may result in the imposition of sanctions for unreasonable delay per Miss. Code Ann. Section 71-3-59 (Rev. 2000).

The Answer must include the exact legal name and address of the Employer, the Workers' Compensation Insurance Carrier, and any Third Party Administrator. If Employer is a member of a self-insurance group, the Answer must include the name and address of the group administrator as well as the name and address of the servicing agency.

Employer/Carrier must also serve a copy of the completed Answer, Form B-5,22, and attachments, if any, to the Claimant or, if the Claimant is represented, to Claimant's attorney.

cc: Attorneys of record

MISSISSIPPI WORKERS' COMPENSATION COMMISSION
PETITION TO CONTROVERT

PLEASE COMPLETE ALL INFORMATION

MWCC #: 2201473

Claimant Name: DMonterrio Gibson Address: 1256 Junior Harper Road City: Utica State: MS Zip: 39175 SSN: 428832030 Date of Birth: 12/04/1997	Insurer Name: Federal Express Corporation Address: 3620 Hacks Cross Rd. Bldg. B 3rd Floor City: Memphis State: TN Zip: 38125
Employer Name: FedEx Address: 440 Highway 49 S City: Richland State: MS Zip: 39218	Claims Administrator (TPA) Name: Sedgwick Claims Management Services Address: P. O. Box 14423 City: Lexington State: KY Zip: 40512 Phone:

Comes now the claimant and controverts this cause and in support thereof alleges the following:

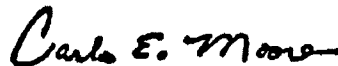
- On the 24th day of January, 2022, claimant received a compensable injury while in the employ of the captioned employer.
- Claimant's Occupation: Courier Average Weekly Wage: \$1296.72
- County** and place of accident or illness: Lincoln County Customer home in Brookhaven, MS
 - Nature of work in which claimant was engaged at the time of injury or illness: Claimant had just finished delivering a package to a home.
 - Description of accident or illness and how it happened: After delivering package to resident home, Claimant was approached and shot at by neighbors.
 - Accurately describe the part or parts of body involved or injured, or type of occupational disease: Mental anguish and anxiety; loss of sleep; depression; PTSD
 - Date employer first notified of injury or illness and name and title of person notified: Claimant Earlie Kelly manager on January 24, 2022
 - Name and addresses of witnesses: Cressa Williams- night manager
- Names and addresses of attending physicians and hospitals with dates medical treatment rendered: Rashonda Clark Healing Minds Clinic Clinton, MS
 - Was medical treatment furnished by employer? Yes ☒ No ☐
 - Is medical treatment presently being furnished by employer? Yes ☒ No ☐
- Compensation has has not ☒ been paid for temporary disability from start/unknown to end/unknown at the rate of \$ 0
 - Period of temporary disability: unknown
 - Date of maximum medical improvement: unknown
 - Date able to resume employment: unknown
 - Nature, degree and extent of permanent disability: unknown
 - Loss of wage earning capacity, if applicable: unknown
- Injury did did not ☒ result in death. Date of death (if applicable):
Name, address, date of birth and relationship of each claimant who was dependent and for whom claim is made is listed on Exhibit "A", attached hereto, and made a part hereof by reference.
- Are penalties demanded: Yes ☒ No ☐. If yes, why?
- Other matters in dispute are as follows:

This the 11th day of March, 2022

Except as required by Miss. Code Ann. § 71-3-7(1) below, medical records are no longer to be filed with the Petition to Controvert. A party to a controverted claim shall not file medical records with the Commission unless attached to a Prehearing Statement, or unless relevant to a motion or response to motion and attached thereto as an exhibit.

However, for injuries occurring on or after July 1, 2012, pursuant to Miss. Code Ann. § 71-3-7(1)(as amended), in all claims in which no benefits, including disability, death and medical benefits, have been paid, the claimant shall file medical records in support of his claim for benefits when filing a petition to controvert. If the claimant is unable to file the medical records in support of his claim for benefits at the time of filing the petition to controvert because of a limitation of time established by Section 71-3-35 or Section 71-3-53, the claimant shall file medical records in support of his claim within sixty (60) days after filing the petition to controvert.

MWCC Form B-5,11 (Revised 3-15-2008)

Signature of Claimant or Representative
Name, address, phone number, & bar number of attorney:

Carlos E. Moore, Esq. MSB# 100685

Post Office Box 1487

Grenada, MS 38902

(662) 227- 9940/ (662) 227- 9941 fax

cmoore@cochranfirm.com

Exhibit A